

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**10/516727**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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20	1					
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22		1				
23		2				
24		2				
25		1				
26		1				
27		1				
28		2				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		2				
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50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	23					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS